

ATTACHMENT 3.1-A
Page 1, Item 2c
applies to both
categorically and
medically needy

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - FEDERALLY-QUALIFIED HEALTH CENTERS

To be considered a federally-qualified health center (FQHC) for the Nebraska Medical Assistance Program, as allowed by section 6404 of P.L. 101-239, a health center must furnish proof that the United States Public Health Service has determined that it is qualified under Sections 329, 330, or 340 of the Public Health Service Act, or that it qualifies by meeting other requirements established by the Secretary of Health and Human Services.

Transmittal # MS-90-12

Supersedes

Approved

7/18/90

Effective

7/1/90

Transmittal # MS-90-5

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE Nebraska

LIMITATIONS - ASSESSMENTS OF DEVELOPMENTALLY DISABLED PERSONS IN SNF

Individuals having a developmental disability who currently reside in a non-MR facility shall, when identified as appropriate by the Medical Review Team, have an initial and subsequent annual independent assessment for functional living skills. Assessment of functional living skills shall be given to only clients identified by the Medical Review Team as appropriate for assessment based on the developmental disability criteria in order to:

1. Identify the most appropriate services to meet the identifying needs based on the principle of normalization, the least restrictive alternatives, and the client's needs.
2. The evaluation shall include actual observation/interview with the client and identify the sources of information including the staff persons who have supplied assessor with information relative to the assessment.
3. The assessment shall be an assessment of independent functioning of the individual. The assessment shall include recommendations for further evaluation and/or consultation in specific areas. Recommendations shall be incorporated into the individual's overall plan of care by the facility.

State Plan

Trans. No.

MS-79-12

9-26-79

12-4-79

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - EARLY AND PERIODIC SCREENING AND DIAGNOSIS AND TREATMENT OF
CONDITIONS FOUND

This section applies to EPSDT services provided on or after April 1, 1990.

HEALTH SCREENING SERVICES are provided at intervals stated in the American Academy of Pediatrics Periodicity schedule issued in September 1987, and at other intervals indicated as medically necessary, to determine the existence of certain physical or mental illnesses or conditions. This periodicity schedule was selected based on meetings and/or written correspondence with the Nebraska Chapter of the American Academy of Pediatrics, the Nebraska Chapter of the Academy of Family Physicians, and the Chairman of the University of Nebraska Medical Center's Department of Pediatrics.

Health screening services include, at a minimum,-

1. A comprehensive health and developmental history (including assessment of both physical and mental health development);
2. A comprehensive unclothed physical exam;
3. Appropriate immunizations according to age and health history;
4. Appropriate laboratory tests (including lead blood level assessment appropriate for age and risk factors); and
5. Health education (including anticipatory guidance).

TN # MS-90-14

Supersedes

Approved

8/6/90

Effective

4/1/90

TN # MS-88-12

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - EARLY AND PERIODIC SCREENING AND DIAGNOSIS AND TREATMENT OF
CONDITIONS FOUND

VISION SERVICES are provided at the following intervals, and at other intervals, indicated as medically necessary, to determine the existence of a suspected illness or condition:

Birth to 3 years Screening through history taking and observation at intervals that follow the Health Screening periodicity schedule

Age 3 to 21 years Screening by standard testing method yearly through age six and every two years thereafter to follow the Health Screening periodicity schedule

This periodicity schedule was selected based on input from meetings and/or written correspondence with the Nebraska Chapter of the American Academy of Pediatrics, the Nebraska Chapter of the American Academy of Family Physicians, the American Optometrist Association (AOA), and the DSS visual care consultant.

Vision services include, at a minimum, diagnosis and treatment for defects in vision, including eyeglasses.

DENTAL SERVICES are provided at the following intervals, and at other intervals, indicated as medically necessary to determine the existence of a suspected illness or condition:

Birth to 21 years Annually, dental screening is to be obtained from a dentist beginning at age three or earlier if medically necessary. Visual inspection of the mouth for very young children is recommended as part of each Health Screening examination.

TN # MS-90-14

Supersedes

Approved 8/6/90

Effective 4/1/90

TN # MS-88-12

ATTACHMENT 3.1-A
Item 4b
(Page 3 of 40)
Applies to Both
Categorically and
Medically Needy

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - EARLY AND PERIODIC SCREENING AND DIAGNOSIS AND TREATMENT OF
CONDITIONS FOUND

This periodicity schedule was established based on input from written correspondence with the Nebraska Dental Association. The annual schedule for EPSDT dental exams was originally established in 1979, based on the NDA's recommendations.

Dental services include, at a minimum, relief of pain and infections, restoration of teeth, and maintenance of dental health.

HEARING SERVICES are provided at the following intervals, and at other intervals indicated as medically necessary, to determine the existence of a suspected illness or condition:

Birth to 3 years Screening through history taking and observation at intervals that follow Health Screening periodicity schedule

Age 3 to 21 years Screening by standard testing method yearly through age six and every two years thereafter to follow the Health Screening periodicity schedule

This periodicity schedule was established based on input from meetings and written correspondence with the Nebraska Chapter of the American Academy of Pediatrics, the Nebraska Chapter of the Academy of Family Physicians, the the DSS audiological consultant as well as a position paper by the American Speech and Hearing Association.

Hearing services include, at a minimum, diagnosis and treatment for defects in hearing, including hearing aids.

TN # MS-90-14

Supersedes

Approved

8/6/90

Effective

4/1/90

TN # MS-88-12

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - EARLY AND PERIODIC SCREENING AND DIAGNOSIS AND TREATMENT OF
CONDITIONS FOUND

SERVICES DESCRIBED IN SECTION 1905(a) of the Social Security Act that are not covered under Nebraska State Plan for Medical Assistance are covered for treatment when the condition is disclosed in an EPSDT exam, health screen, dental screen, vision screen, or hearing screen. These services are considered EPSDT follow-up services and are covered under the following conditions:

1. The service is required to treat the condition (i.e., to correct or ameliorate defects and physical or mental illnesses or conditions) identified during a HEALTH CHECK (EPSDT) screening examination;
2. The provider of services is a Medicaid-enrolled provider and is authorized to provide the service within the scope of practice under applicable federal and state law;
3. The service is consistent with applicable federal and state laws that govern the provision of health care;
4. The service must be medically necessary, safe and effective, and not considered experimental/investigational;
5. Services not covered under the plan must be prior authorized by the Medical Services Division, Department of Social Services. The screening practitioner shall submit the request which must include -
 - a. A copy of the screening exam from or the name of the screening practitioner and the date of the screening exam which identified the condition; and
 - b. A plan of care which includes -
 - (1) History of the condition;
 - (2) Physical findings and other signs and symptoms, including appropriate laboratory data;
 - (3) Recommended service/procedure, including (if known) the potential provider of service;
 - (4) Estimated cost, if available; and
 - (5) Expected outcomes.

TN # MS-90-14

Supersedes

Approved 8/6/90

Effective 4/1/90

TN # MS-88-12

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - EARLY AND PERIODIC SCREENING AND DIAGNOSIS AND TREATMENT OF
CONDITIONS FOUND

The Medical Director or designee shall make a decision on each request in an expeditious manner. Appropriate health care professionals may be consulted during the decision-making process. If the initial request is denied, additional information may be sent for reconsideration.

EPSDT follow-up services include -

- Dental sealants: Application is covered if applied to permanent teeth within three years of eruption. Sealant application is covered only for permanent teeth numbered 2, 3, 4, 5, 12, 13, 14, 15, 18, 19, 20, 21, 28, 29, 30, and 31.
- Orthodontic treatment for individuals age 20 and younger: NMAP requires prior authorization of all orthodontic treatment except diagnostic evaluation procedures. Total payment of prior-authorized orthodontic treatment is made upon approval of the treatment plan and submittal of Form MC-13.
- Well child cluster visits: The cluster visit is a well-child visit in a group setting with parent-child pairs of the same age, offering the opportunity for the provision of extended physician-parent/child time with a focus on psychosocial aspects as well as physical aspects of well-child care. The cluster visit must include a complete EPSDT exam.
- Nutritional counseling: Nutritional counseling involves one session per EPSDT exam by the screening physician, screening physician auxiliary staff, physician-contracted staff or outpatient hospital-based registered dietitian for nutritional disorders. The diagnostic finding from the EPSDT exam must indicate that a nutritional problem or condition of such severity exists that nutritional counseling beyond that normally expected as part of the standard medical management is warranted.

TN # MS-90-14

Supersedes

Approved 8/6/90

Effective 4/1/90

TN # MS-88-12

Substitute per letter dated 11/2/98 "

ATTACHMENT 3.1-A
Item 4b (Page 6 of 10)
Applies to both
categorically and
medically needy

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND
TREATMENT OF CONDITIONS FOUND

-
- Risk reduction services: These services include the basic six to seven week series of prepared childbirth sessions, early pregnancy sessions, refresher childbirth sessions, cesarean birth sessions, breast-feeding sessions, and infant care sessions when provided by licensed practitioners approved by DSS Medical Services Division. The services are covered for EPSDT participants when comparable services are not available in the community as a free service. Risk reduction services also include a pediatric prenatal visit between the expectant parent(s) and the prospective primary care provider of the infant's health care.
 - Weight management clinics as allowed in 471 NAC 33-006.

NMAP does not limit providers of EPSDT services to those who are qualified to provide all components of the EPSDT screen. A provider who is qualified under the plan to furnish one or more (but not all) of the services and items is considered qualified to provide the items and services and part of early and periodic screening, diagnosis, and treatment services.

Transmittal # MS 95-13

Supersedes

Approved FEB 09 1998

Effective 7/25/95

Transmittal # MS 90-14

Substitute per letter dated 11/2/98 "

ATTACHMENT 3.1-A
Item 4b (Page 7 of 10)
Applies to both
categorically and
medically needy

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND
TREATMENT OF CONDITIONS FOUND

MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES FOR CHILDREN AND
ADOLESCENTS COVERED UNDER EPSDT:

NMAP covers certain mental health and substance abuse (MH/SA) services as part of the HEALTH CHECK (EPSDT benefit). For inpatient psychiatric facility services for individuals age 21 and younger, see limitations in item 16. Each client must participate in an EPSDT screening either six months prior to the initiation of MH/SA services or within eight weeks after the initiation of MH/SA services. The treatment plan must be developed and the intervention services must be implemented under the clinical supervision of a licensed practitioner of the healing arts who is able to diagnose and treat major mental illness within his or her scope of practice.

A provider of MH/SA services for children and adolescents shall meet the following standards for participate in the NMAP:

1. The Supervising Practitioner must be -
 - a. A licensed physician;
 - b. A licensed doctor of osteopathy; and
 - c. A licensed psychologist.
2. Psychiatrically-trained physician extenders may not supervise services in place of a psychiatrist or physician. Physician extenders may provide direct care as allowed by the scope of practice guidelines set by the Nebraska Department of Health and the practice agreement of each individual. A copy of the practice agreement must be submitted at the time of enrollment. Physician extenders include physician assistants and nurse practitioners.
3. Services must be rendered by a supervising practitioner, a physician extender, or by a

Transmittal # MS-95-13

Supersedes

Approved FEB 09 1998 Effective 7/25/95

Transmittal # (new page)

Substitute per letter dated 11/12/98 "

ATTACHMENT 3.1-A
Item 4b (Page 8 of 10)
Applies to both
categorically and
medically needy

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT OF CONDITIONS FOUND

clinical staff person under the direction of a supervising practitioner. Services must be provided within the scope of practice and licensure guidelines established by the Nebraska Department of Health or the state in which the service is rendered. "Qualified" is defined as a person who has specific training in providing mental health

or substance abuse services within their scope of practice. The following professionals qualify as clinical staff for mental health or substance abuse services for children and adolescents:

- a. Licensed Mental Health Practitioner (LMHP);
 - b. Specially Licensed Psychologist of Psychology Resident;
 - c. Qualified Registered Nurse - a registered nurse (R.N., R.N. with Bachelors, Masters, or Ph.D., or certification as a psychiatric clinical specialist or nurse practitioner by the American Nurses Association);
 - d. Qualified Mental Health Professional Masters or Masters Equivalent - a holder of a masters degree in a closely related field that is applicable to the bio/psycho/social sciences or to treatment for mental health or substance abuse; or a Ph.D. candidate who has bypassed the masters degree but has sufficient hours to satisfy a masters degree requirement; or a holder of a master's degree who is actively pursuing licensure as a mental health practitioner as allowed by the Nebraska Department of Health.
 - e. Alcohol/Drug Abuse Counselor - a person certified by the Nebraska Department of Public Institutions or by the appropriate agency in the state where the service is performed as a Certified Alcohol and Drug Abuse Counselor (CADAC).
4. The following qualified staff may provide mental health home health and personal care services or child supervision/care:
- a. Qualified Child/Adolescent service professional (mental health home health care provider) - a holder of a baccalaureate degree in psychology, social work, child development, or a related field from an accredited university or college; or a holder of a baccalaureate degree in another field who has advanced training in one or more of the above disciplines or has post high school course work in psychology, social work, sociology, and/or other related fields and has

Transmittal # MS-95-13

Supersedes

Approved FEB 09 1998

Effective 7/25/95

Transmittal # (new page)